From: Rich Murray <rmforall@gmail.com>
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To: aspartame@yahoogroups.com; Rich Murray
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http://rmforall.blogspot.com/2013/02/efsas-extremely-flimsy-safety-argument.html

http://anh-europe.org/EFSAs-Extremely-Flimsy-Safety-argument-for-Aspartame

Alliance for Natural Health
http://www.anhinternational.org/
info@anhinternational.org
 The Atrium, Curtis Road, Dorking, Surrey RH4 1XA
United Kingdom
Tel:
44 (0)1306 646600
Fax:
+44 (0)1306 646552
Web Design by Deeson eMedia

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By Sophie
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[Sophie Middleton BA, EBW, SMT (Campaign Administrator) Sophie is the newest member of the ANH-Intl core team, having joined the ANH in May 2009.
She manages administrative tasks across both ANH-Intl and ANH-Europe, while being heavily involved with updates to ANH websites.
She is a qualified sports massage therapist, working both with people and horses.]

We've been here before [1].
The European Food Safety Authority (EFSA) once again acts as a poodle for Big Food by declaring aspartame safe [2] – throwing science and precaution to the winds in the process.

Serial controversy

Aspartame is possibly the most controversial food additive in widespread use, with an enormous list of self-reported symptoms linked to its consumption [3].
Ever since it was approved throughout the European Union (EU) in 1994, research has questioned aspartame's links to adverse health effects ranging from headaches [4] to cancer [5].

New research even indicates that aspartame may promote obesity [6].

Since 2006, EFSA on three occasions dismissed [1] animal studies that reported increased cancer incidence in rats and mice fed aspartame.
Its most recent [7] scientific opinion found that, “The relevance of the statistical analyses presented by the authors cannot be assessed...Older animals are more susceptible to illness...includ[ing] spontaneous tumours...the hepatic and pulmonary tumour incidences...fall within their own historical control ranges for spontaneous tumours...”
It goes on, but you get the point.

Hat trick from hell

Now, EFSA’s ‘hat trick from hell’ has become a baleful quartet.
Asked by the European Commission (EC) for a definitive opinion [8] on aspartame’s safety, EFSA has incorporated its previous reports into a 245-page monstrosity:
its Draft scientific opinion on the re-evaluation of aspartame (E591) as a food additive [2].
And, in the least unexpected result of 2013 (so far!), EFSA has concluded that, “There were no safety concerns at the current ADI [acceptable daily intake] of 40 mg/kg bw/day”.

Sidelining Soffritti

ANH-Intl submitted comments to the public consultation on EFSA’s draft opinion at the end of last week, and the comments below are based on our consultation response.
We focused primarily on the breathtakingly cavalier manner in which EFSA has repeatedly dismissed the findings of researchers [9] led by Professor Morando Soffritti, Scientific Director of the Ramazzini Institute (RI) in Bologna, Italy, whose group performed the studies that prompted EFSA’s post-2006 scientific opinions.

Contrary to EFSA’s portrayal, however, the Ramazzini Institute isn’t staffed by scientific incompetents with an anti-aspartame fixation.
It’s actually one of the world’s most prestigious and respected centres for research into occupational and environmental health; in fact, the US National Toxicology Program (NTP) and the RI are the two largest, longest-existing, and most well-established bioassay programs in the world, which were found to produce largely consistent results in a 2002 review [10].
The RI was the first laboratory to describe [11] associations between cancer and certain substances now known to be human carcinogens, including vinyl chloride, acrylonitrile and benzene.

Inflaming the situation

But the main plank of EFSA’s dismissal of the RI’s aspartame data was an accusation [2] that their experimental animals were riddled with mycoplasmosis – and that, “Chronic inflammatory changes in the lungs and other vital organs” obscured the results.

Given the RI’s pedigree, this would be an astonishing lapse, especially bearing in mind comments [11] made by NTP workers in 2008:
“Descriptions of environmental conditions in the ERF are that such conditions that exacerbate mycoplasmosis (e.g., excessive ammonia
levels) do not appear to be present at the ERF...The most detailed description of laboratory protocols and practices of the ERF are consistent with acceptable care”.

No improvements desired

There are two huge reasons why the RI’s research should be taken seriously by regulators.

One, it is independent and therefore free of industry bias; and two, it employs a 'human equivalent' experimental protocol, as explained – directly to EFSA, no less – by Dr Fiorella Belpoggi [12] of RI in 2011. This goes well beyond the level of evidence usually required by EFSA, since neither the Organisation for Economic Co-operation and Development (OECD) nor Good Laboratory Practice (GLP) guidelines accurately reflect human exposure to environmental carcinogens. By studying their effects across the animals' lifetime, from foetus to natural death, the RI's protocols are a distinct improvement.

All of this makes EFSA's claim that chronic lung infections in the experimental animals obscured the results even less reasonable, in our opinion. Since lung infections occur more frequently in old age, both in humans and rats, an increased rate of lung infections is an entirely predictable and expected observation – hardly a reason to bury the results!

Parallels with Séralini – and Coke

Another high-profile, worldwide issue with enormous implications for human health is genetically modified (GM) crops. Oddly enough, EFSA recently went to enormous lengths to dismiss another set of scientific findings [13], this time on GM maize and Roundup fertiliser. Séralini et al's work wasn't perfect [14], but neither should it have been jettisoned in favour of the biotech industry's view that GMOs are perfectly safe. The consequences of EFSA's attitude for big business is crystal clear from Coca-Cola's aspartame safety page [15]:
the Coke and EFSA hymn sheets are practically identical.

Science is more than cause and effect

We've pointed out the inherent flaws in EFSA's approach before, most notably with its approach to health claims [16]. EFSA seems to think that science is worthless unless it can prove a cause and effect relationship between a substance, such as aspartame or GM crops, and a health effect, such as cancer.
In reality, science is an ongoing conversation where positions must be built on the weight of evidence.
Only by applying tortured logic and double standards can EFSA maintain that aspartame is entirely safe at current levels of consumption.
Unless someone can come along and prove in one fell swoop [3] that aspartame causes cancer (or headache, or dizziness, or anything else) in humans, EFSA can work its black magic and dismiss adverse findings.

Which suits big business very well.

ANH-Europe Homepage [17]
http://anh-europe.org

ANH Food4Health campaign page [18]
http://anh-europe.org/campaigns/food4health

ANH Good Science campaign page [19]
http://anh-europe.org/campaigns/risk-assessment

artificial sweetener aspartame cancer EFSA europe GM headache international Seralini

http://www.anhinternational.org/

ANH-Intl Executive Team

Dr Robert Verkerk (Executive & Scientific Director) Robert is an internationally acclaimed scientist with over 25 years experience in the field of agricultural and healthcare sustainability, having worked in academia, industry and the not-for-profit sector. He has worked extensively in Africa, Asia, Australia, the Americas as well as Europe. After leaving Imperial College London in 2002, he founded the Alliance for Natural Health, which he has headed since.
His background, as a scientist, campaigner and visionary, hold him in good stead for his dual role as Executive & Scientific Director of ANH-Intl as well as its regional European office.

Paul Harris (Chair, Financial/Admin Director) With more than 3 decades of experience directing manufacturing and service companies, Paul joined ANH in 2005 as Financial & Administrative Director. His wealth of experience across all functions of business makes him ideally suited to his new role as Chairman of ANH-Intl.

Meleni Aldridge (Executive Coordinator)
Meleni Aldridge has 15 years of experience as a practitioner of complementary and holistic medicine and 11 years teaching experience in her capacity as a Senior Lecturer at a UK university. She has previously worked in the banking and insurance sectors. Her initial training in health and body work was in South Africa, having spent her childhood in Zimbabwe. Her skills as a practitioner and communicator, coupled with her life-long commitment to natural medicine, bring invaluable experience to Meleni's role as the Executive Coordinator of ANH-Intl. She originally joined ANH in 2005.

Gretchen Dubeau (Advocacy Coordinator)
Gretchen DuBeau joined the Alliance for Natural Health-USA (formerly the American Association for Health Freedom) as Executive Director in 2008.
A lifelong environmentalist and devotee to natural health and healing, Gretchen has found the perfect culmination of her interests in the Alliance for Natural Health International where she directs US policy.
She is an attorney and practiced environmental law and policy for five years before joining ANH to work on natural and sustainable health issues.
Gretchen is currently completing her Masters Degree in Transformative Leadership & Social Change and also serves as Executive Director for Praktikos Institute.

Sophie Middleton BA, EBW, SMT (Campaign Administrator) Sophie is the newest member of the ANH-Intl core team, having joined the ANH in May 2009. She manages administrative tasks across both ANH-Intl and ANH-Europe, while being heavily involved with updates to ANH websites. She is a qualified sports massage therapist, working both with people and horses.

Yvonne England (Practitioner Liaison)
After several years as a systems analyst, Yvonne retrained as a nutritional therapist. This was as a result both of her observation that nutrition appeared to be single biggest influence on her children's health, as well as her long-term interest in biology and health. Much of Yvonne's work during her child-rearing years has been voluntary, and she has supported ANH since it was founded in 2002.
She grew up in Tanzania and Botswana and, being responsible for practitioner liaison, looks forward to contact from practitioners all over the world.

ANH Good Science campaign page [19]
http://anh-europe.org/campaigns/risk-assessment

The use of good science by regulators is vital if we are not to see unnecessary restriction of natural health.

Campaign summary

Risk assessment: the use of bad science
Application of risk assessment models for toxic chemicals to nutrients What's wrong with conventional risk assessment approaches?
ANH summary of problems with risk assessment approaches Short synopsis of Dr Verkerk's papers critiquing EU approaches to risk analysis Related pages

Download the ANH A5 leaflet with regards to good science

CAMPAIGN SUMMARY:

Under the guise of protecting public health, moves to limit access to health-promoting natural health products are being underpinned by poor science and flawed risk-assessments models.

Conventional risk assessment models, originally developed to assess the impact of toxic drugs and chemicals, are being inappropriately applied to nutrients and botanicals.

This is being done despite there being virtually no evidence that natural products are causing harm, and much historical, clinical and anecdotal evidence of their beneficial effects on health.

Selective use of research data works in the best interests of the major pharmaceutical companies, who currently cannot patent naturally- occurring nutrients and botanicals.

As well as facilitating the banning or limiting of ingredients used in natural health products, faulty 'risk assessment' criteria are also being used to justify limiting maximum doses of nutrients and phytochemicals and restricting what can be said or written about products containing them.

Breaking news.....

15th April 2010: The European Food Safety Authority's (EFSA) Scientific Committee has published guidance on the risk-benefit assessment of food for public consultation. Read the EFSA guidance, and download ANH's response.

14th January 2010: New ANH study, published in Toxicology, by Dr Robert Verkerk and Dr Stephen Hickey, deconstructs EU risk analysis being used to set Maximum Permitted Levels for vitamins and minerals in Europe. Read the full press release.

15th September 2010: Read the short synopsis of both papers The abuse of science in risk assessment and management methods is one of the most important ways by which regulators around the world justify the legal restrictions, which can sometimes be draconian, to natural health.

Risk assessment: the use of bad science for the benefit of the multinationals

'Risk assessment' is not a sexy or fashionable term. But it's the mechanism that is being used by regulators around the world, and decision-makers in Codex, to limit our freedoms in natural healthcare.

Risk assessment is used in three main ways:

1. To ban or limit ingredients allowed in natural health products

2. To limit maximum dosages of nutrients and phytochemicals

3. To limit what we can say or write about, particularly as it relates to health benefits of particular products.
The purpose? To supposedly protect us from hurting ourselves. It's all very plausible until you realise that there's virtually no evidence that anyone is actually doing themselves any harm by taking these products. Quite the contrary — people are making themselves healthier and healthier....and therein lies the real threat!

Risk assessment science is being increasingly used in virtually all walks of life — ranging from the safety of motor vehicles, to the safety of schools and the workplace. This new branch of science — considered by some to be more of a quasi-science give the amount of subjectivity it often uses — has been applied to food safety for some time. However its main application has been to ensure that unsafe levels of pathogens and toxins within foods, such as E.coli and other bacteria, food additives, preservatives and pesticide residues, are avoided. The fact that many harmful additives and pesticides are still common in foods is testament to how risk assessment has been manipulated to the benefit of those interests which profit from chemically contaminated foods.

To find out how flawed risk assessment is at risk of being used to dumb down European supplements through the EU Food Supplements Directive —and eventually, globally, see the ANH's Codex campaign and our Freedom of Health Choice campaign. This will happen unless the authorities respond to common sense, good science — as well as the will of hundreds of thousands of people around the world.

Get involved in the ANH campaign and help future generations have the option of natural health.
[more, very detailed and expert...]

welcome to the WC Monte methanol formaldehyde toxicity paradigm via this treasury of studies -- depression, diabetes, retina harm, multiple sclerosis, cancer -- crisp Michele Bouchard 2001 review --
hangovers: Rich Murray 2013.02.21
http://rmforall.blogspot.com/2013/02/welcome-to-wc-monte-methanol.html

1 quart aspartame diet soda gives 60 mg methanol (wood alcohol), same dose as from smoke from a pack cigarettes -- becomes formaldehyde right inside cells of 19 specific tissues: Prof. Woodrow C. Monte breakthrough paradigm: Rich Murray 2013.02.20

Prof. Woodrow C. Monte, Food Science and Nutrition, Arizona State University, retired 2004, has given detailed articles since fall 2007, WhileScienceSleeps.com , backed by a free online archive of 745 full text medical research references.

The WC Monte January 2012 text is available at Amazon.com, "While Science Sleeps", low cost ebook, backed by his online archive of 745 free full text medical research references at WhileScienceSleeps.com , while two full chapters are free: Chapter 9, "Multiple Sclerosis" and 12, "Autism and Other Birth Defects."

Rich Murray,
MA Boston University Graduate School 1967 psychology, BS MIT 1964 history and physics, (b) (6)
Imperial Beach, CA 91932-1918 rmforall@gmail.com
(b) (6)
http://rmforall.blogspot.com

#6 diabetes 2 risk high for 2 cans aspartame diet drink weekly 14 years 66K women study, Guy Fagherazzi et al AJCN 2013 Jan -- methanol (cigarettes, aspartame) formed into formaldehyde inside cells in pancreas by ADH1 enzyme, WC Monte paradigm: Rich Murray 2013.02.13 http://rmforall.blogspot.com/2013/02/6-diabetes-2-risk-high-for-2-cans.html

The removal of methanol from the bloodstream is slow, with a half-life of 3 hours, while the half-life of ethanol is 1/3 hour.

The blood carries methanol to every part of the body and fetus every minute.

ADH1 enzyme is at high levels in 19 specific human tissues, including the inner walls of blood vessels (especially at the base of the brain, the "blood brain barrier" itself, the "perivascular loci" of both multiple sclerosis and Alzheimer's), purkinje brain cells in the vermis in the cerebullum 637, the rods and cones of the retina, the GI tract (especially in men), and skin and bone marrow fibroblasts.

http://www.whilesciencesleeps.com/pdf/637.pdf 5 pages

Bühler R., Pestalozzi D., Hess M., Von Wartburg JP.
Immunohistochemical localization of alcohol dehydrogenase in human kidney, endocrine organs and brain.
Pharmacol Biochem Behav. 1983;
18 Suppl 1:55-9 1983;18(Suppl 1):55-9.

Ethanol at 16 times less molar concentration than methanol will preoccupy ADH1, becoming mildly toxic acetaldehyde -- when blood ethanol falls, methanol is made into free floating, highly reactive acidic hydrated formaldehyde, which binds on both sides to the nearest DNA, RNA, and basic proteins, such as Myelin Basic Protein, which when formaldehyde modified, strongly attract white blood cells, monotypes, microglia, and macrophages, leading to pussy lesions, that grow or subside erratically along with dietary exposures to methanol and the antidote ethanol.

Formaldehyde quickly and firmly methylates DNA, leading to cell malfunction and apoptosis, later cancers, and birth defects spina bidifa, autism, preterm birth and Fetal Alcohol Syndrome.

Formaldehyde strongly impairs two enzymes in the mitochrondria, shutting down the aerobic ATP energy cycle, impairing critical biochemistry, including vision in the retina, and leading to anaerobic metabolism, with resulting blood acidosis from lactic acid.

The smoke from a pack of cigarettes (also wood and peat smoke) gives
60 mg methanol, as much as from a litre aspartame diet drink, while methanol also comes from dark wines and liquors, fresh tomatoes, unfresh fruits juices vegetables cut and preserved wet at room temperature in sealed cans jars plastic containers, smoked fermented spoiled foods, jams jellies marmalades, some fresh coffees, medical and mortuary labs and schools, the wood, paper, and solvent industries
-- so the epidemiology is extremely complex and so far not inclusive of the many factors.

Probably, cigarette diseases are to a large degree chronic methanol-formaldehyde toxicity disorders.

All these diseases give twice the harm for those who never drink ethanol as those who have only 1 standard drink daily, due to the ethanol blocking formaldehyde formation from methanol by ADH1 enzyme.

Men, who have several times more ADH1 in the GI tract, have less methanol reaching the brain, so far more women have eye and brain diseases, such as multiple sclerosis.
[more...]